

16807

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 7 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2279

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4721 Wuoming
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community 26 years years, months or days)

3. (a) PRINT FULL NAME Lorena Baker

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hugh Milton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 23 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 24 hr. min.

9. Birthplace Shelbyville Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife at home

11. Industry or business _____

12. Name Joshua Ennis

13. Birthplace Maryland
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Agee

15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Baker

(b) Address 4721 Wuoming

17. (a) Removal (b) Date thereof 5-19-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Mo.

18. (a) Signature of funeral director Gates Humeral

(b) Address 1901 Olathe Blvd.

19. (a) 5-18-43 (b) M. M. Grooms
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4721 Wuoming
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1943 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from 10-24-41
to 5-16, 1943, to _____, 1943.
 that I last saw her alive on 5-16, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis 10 yrs

Due to Myocardial insufficiency 5 yrs

Other conditions 131B
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

Duration 7 days

PHYSICIAN

Underline the cause to which death should be statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
 While at work? _____ (c) Means of injury _____

23. Signature Robert T. Dues (M, D, or other) _____
 Address 25th & Wood, K.C. Date signed 5-18-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

361

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision..

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.